



EXPRESS MAIL LETTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Dee et al.

Filing Date:

February 25, 2004

Application No.:

10/786,209

For:

FATTY ACID ANTIMICROBIAL

Docket No.:

10004.512

Express Mail No.:

EV915460325US

Date of Deposit:

October 16, 2006

I hereby certify that these attached documents

- > Response postcard
- > Check in the amount of \$1020.00
- > PTO/SB 21 (1p)
- > PTO/SB 17 (1p) and 1 copy
- > PTO/SB 22 (1p) and 1 copy
- > Amendment (9pp)

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 35 C.F.R. §1.10 on the date indicated above and is addressed to the *Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia*, 22313-1450

Defffy W. Smith, Reg. No. 33455)

Enclosed for filing please find the above-referenced documents. Please indicate receipt of these documents by returning the attached postcard with the official Patent and Trademark Office receipt stamped thereon.

Respectfully submitted,

Jeffey W. Smith, Reg. No. 33455

Attorney for Applicant SMITH LAW OFFICE

440 Science Drive, Suite 302

Madison, WI 53711

(608) 663-8200

OF LASE

TRANSMITTAL FORM TRANSMITTAL FORM Filing Detail February 25, 2004	()					Approved	for upo i	PTO/SB/21 (09-06)	
Total Number of Pages in This Submission		ANSMITTAL	. no persons	Filing Date First Named Inventor Art Unit	ed to respond to a collection of information unless it displays a valid OM ion Number 10/786,209 ate February 25, 2004 med Inventor Alejandro O. Dee				
Fee Transmittal Form	(to be used for a	Il correspondence after initial	filing)		N. Levy				
Fee Transmittal Form Drawing(s)	Total Number of F	Pages in This Submission		Attorney Docket Number	10004.512				
Fee Transmittal Form Fee Attached			ENCI	OSURES (Check a	ii that apply	<i>(</i>)			
Signature Printed name Jeffry W. Smith Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature	Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts			Cicensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Ferminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	Address		Appea of App Appea (Appea Proprie Status Other	Communication to Board eals and Interferences Communication to TC I Notice, Brief, Reply Brief) etary Information Letter Enclosure(s) (please Identify	
Signature Printed name Jeffry W. Smith Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature		SIGNA	TURE O	F APPLICANT, ATTO	DRNEY, C	OR AGE	NT		
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PTO/SB/17 (07-06)
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Effective Fees pursuant to the Consolidate	. 4818).	Complete if Known									
FEE TR	Application Nun		10/786,20								
· ——	1 L	Filing Date		February 25, 2004							
For		First Named Inv	entor/	Alejandro O. Dee							
Applicant claims small e	entity sta	atus See 37 CFR 1.2	7	Examiner Name	9	N. Levy					
	- 1			Art Unit		1615					
TOTAL AMOUNT OF PAYM	ENT	(\$) 1020.00		Attorney Docker	t No.	10004.512					
METHOD OF PAYMENT	(check	all that apply)									
Check Credit C	ard [Money Order	Non	ne Other (p	please ide	entify):					
Deposit Account Deposit Account Number: 50-2911 Deposit Account Name: SMITH LAW OFFICE											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
under 37 CFR WARNING: Information on this			t card in		-	• •		de credit card			
information and authorization o											
FEE CALCULATION											
1. BASIC FILING, SEAR											
	FILIN	IG FEES Small Entity	SEAF	RCH FEES Small Entity	EXAN	INATION Small					
Application Type	Fee (\$		Fee (\$		<u>Fee</u>			Fees Paid (\$)			
Utility	300	150	500	250	200	100)				
Design	200	100	100	50	130	6:	5	•			
Plant	200	100	300	150	160) 80)				
Reissue	300	150	500	250	600	300)				
Provisional	200	100	0	0	0) ()				
2. EXCESS CLAIM FEES	S					E.		nall Entity			
Fee Description Each claim over 20 (in	oludin	a Paissuas)				<u>F</u>	ee (\$) 50	<u>Fee (\$)</u> 25			
Each independent clair			ies)			,	200	100			
Multiple dependent cla	5 (meraamg resse				360	180					
Total Claims	Fee	e Paid (\$)			Multiple Dependent Claims						
- 20 or HP =			_=			E	ee (\$)	Fee Paid (\$)			
HP = highest number of total of Indep. Claims	daims pa Extra C			Paid (\$)							
- 3 or HP =	<u>-xua C</u>	X	= 1.60	r aid (p)							
HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing	·-	•	-	•				1020.00			
											
SUBMITTED BY	7	~ 	1	Registration No.			Telephone -	08-663-8200			
Signature AKK	<u>م ک</u>	>7L		(Attorney/Agent)	33455						
Name (Print/Type) health Si	mith					ı	Date /	16,2006			

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